A WORLD OF THE RIGHT SIZE

A Study of

MENTAL RETARDATION

and the

MINNESOTA MENTAL HEALTH-MENTAL RETARDATION PROGRAM

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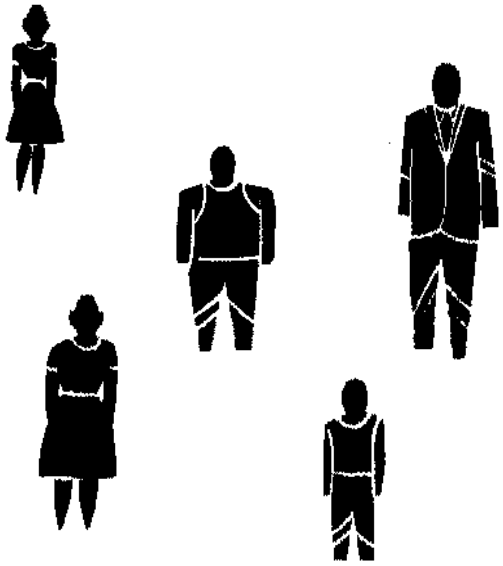
A CHALLENGE TO THE READER



If you were asked to describe a "normal" person, how would you describe him? Tall? Short? Light-skinned? Dark-skinned? Fat? Thin? Quite capable? Not so capable? Talkative? Quiet? He might be any of these—depending on who he is, and who you compare him to.

If you were asked to describe a "retarded" person, how would you describe him? Tall? Short? Light-skinned? Dark-skinned? Fat? Thin? Quite capable? Not so capable? Talkative? Quiet? He, too, might be any of these—depending on who he is, and who you compare him to.

Because, you sea, what we are describing are people—and just as there are many types of "normal" people, so are there many types of "retarded" people. And what may be "normal" in one group, may not be "normal" in another group.

But, you might say, "How can you include the word 'capable' when tatting about retarded people?" The answer is simple—there is about as much of a range of difference in the capabilities of retarded individuals as there is in non-retarded individuals. Again, it depends on who you compare them to. If, for example, you compare a mildly retarded person to a severely retarded one, the mildly retarded individual may be considered quite capable. On the other hand, if you compare that same mildly retarded person to a Rhodes scholar, he may appear to be quite limited.

Therefore, in thinking of retarded people, it is important that we remember that there are many ways in which retardation affects the individual, and there are many degrees of retardation. Just as we cannot think of any one person we know as representing the true "normal" person—because each person has his own personality, his own capabilities, and his own

limitations—so must we think of retarded individuals. They, too, each have their own personality, capabilities, and limitations.

Maybe you are interested in mental retardation because you know someone who is retarded-or because you are simply interested in the functioning of the mind and the mystery of "intelligence" and "thought." Whatever your reason for reading this booklet, a word of caution ts in order. Mental retardation is a complex subject, one which is not fully understood even now. although research is uncovering new information constantly.

Over the past fifteen or twenty years, thinking about mental retardation has undergone many changes. There has gradually developed a different climate, a climate in which there is more room for optimism, as to what mentally retarded individuals can accomplish under favorable and appropriate conditions. Along with greater understanding of the problem, has come increased efforts to improve conditions and opportunities for retarded persons.

The field of mental retardation is a multi-discipline field— that is, a field to which many areas of study and learning must contribute. There are still many questions which professional people, in the same profession as well as in different professions, will answer differently. There are still questions which have few definite answers.

Therefore, the intent of this booklet is to provide some answers, and where no answers are available, to indicate trends and to suggest to you areas which may be rapidly developing in the next few years which you may find interesting to watch.

CASE 1.

Suzan is now 10 years old. She is enrolled in a special education class for the mentally retarded. When she was seven years old, Suzan was having unusual difficulty learning to read, and her alert teacher wanted to know why. Eye tests showed nothing wrong with Suzan's eyes. Further physical examinations showed her to be in good health—she was not too tired or sick to learn.

So the teacher arranged for a series of psychological tests for Suzan. The tests showed that Suzan was mentally retarded. She hod a lower than normal rating for her age, to the extent that she would not be able to compete in regular school classes. Regular school classes might be too demanding of Suzan and make her frightened of learning or frustrated. The best answer might be a special class in which Suzan would be more comfortable and in which she could learn at a pace possible for her. without the danger of constant failure in competing with normal-ability children.

It was fortunate that the school teacher realized that Suzan had special needs, otherwise Suzan might have gone a long time trying to compete with other children in the class. and feeling more and more left out because she could not keep up. In fact, Suzan's teacher was in the best position to discover her slowness, for Suzan's family probably would not have realized her limitations for quite a while. Her poverty-stricken and deprived family was well-known to the county welfare department. Neither Suzan's mother nor father could write, and only her mother could read. Her brother and sister both dropped out of high school after poor careers. To her own family, Suzan did not seem particularly slow.

And to society in general she seems only a little slow. In fact when she reaches adulthood she wilt probably be able to care for her own needs except in unusual stress or emergencies.

It might be said that Suzan is functioning in a different orbit from that of normal people. In a sense it is a world of a different size which special planning has structured for her—a world of the right size. The world of normal people is just a little too complex and too fast for Suzan, so Suzan's special education teachers hove tried to scale a world for her that fits her needs, that she con comprehend, and that will prepare her for life as she will find it.

CASE 2.

Billy is the four-year-old son of a wealthy businessman. When he was two years old and had not yet begun crawling his father and mother took him to the doctor to find out what was wrong. Physical tests showed Billy to be in normal health. Mental retardation was suspected, especially when Billy's mother confirmed that she had thought it very strange when he was younger that Billy rarely cried and had trouble with simple tasks such as grasping and focusing on moving objects.

It was decided to place Billy in a day-time activity center for the retarded to that he could benefit from special training and attention during the day, but could still remain in his own home with his family. Billy's family understands that he may never learn how to care for himself or be completely financially independent. At the day-time activity center he has learned how to feed and dress himself, but he may never go to school, even to special education classes.

The day-time activity center has been a big help to Billy, for he has learned certain skills there, and it has been a big help to Billy's family, who need a break from the constant care Billy requires. They understand that at some time in his life Billy may require institutional care—that the programs, facilities, and treatment provided by an institution may be the best answer for him and his family later on—but for now, the family is determined to keep him at home.

Billy's world is of a little different size than Suzan's. His requires a little more structuring—a little more scaling to suit his needs. But the principle is the same. Billy's parents are trying to build a world of the right size for him and his capabilities just as Suzan's teacher is trying to build a world of the right size for her.

CASE 3.

Fifteen-year-old Jon is a resident of a state institution for the mentally retarded and will be for the rest of his life. Jon has been in the institution since he was five, when it was decided there was little more his parents could do for him. Until the time he left home he could do little but lie in bed. Even now, after 11 years in the institution, Jon can do very little to care for himself. He cannot feed or dress himself. He can get around only by pulling himself along on his stomach; he communicates with grunts understood mostly by his nurses. But mostly he just lies in bed. Jon is the youngest son of a suburban family. He is one of the very small percentage of mentally retarded persons who are nearly helpless. Although his family tried to keep him at home, they finally realized there was little they could do for him and that complete nursing care was required. They visit Jon every week, and receive satisfaction from maintaining this tie with their child, and from the enjoyment he seems to receive from this attention.

What is the size of Jon's world? It is difficult to imagine.

In fact, it is difficult for us to imagine a world of any different size than the one we are accustomed to adjusting to. If we think about living our whole lives among geniuses we may be able to imagine how Suzan must feel, or if we place ourselves forever among atomic physicists who always talk in terms we do not understand, we may be able to imagine Billy's feeling, or if we can imagine ourselves almost completely helpless, unable to communicate or get around—and unable to understand most of what is going on around us, we may be able to picture Jon's world. But such imaginary exercises are difficult. We cannot really remember what it's like to be in

the world of an 18-month old baby or of a three-year old or a ten-year old. But those are the worlds Jon and Billy and Suzan must live in.

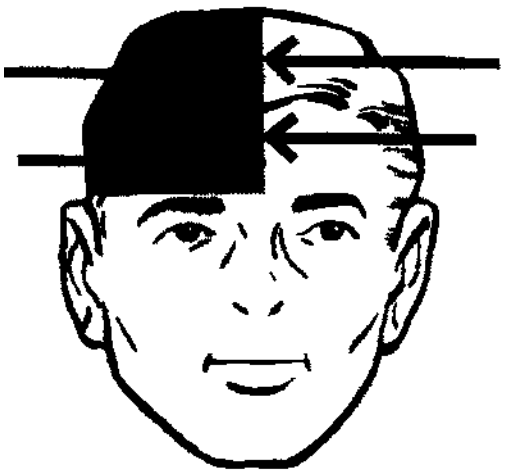
Suzan and Jon and Billy are examples of retarded persons. Among them they illustrate some of the problems mentally retarded persons face, and some of the care, treatment and training programs society has designed to help them. They show that mental retardation is a condition of degrees—from Jon, who con do very little for himself, to Suzan who can do virtually everything for herself—but does have difficulty in school.

Retarded individuals can be of any race, religion, nationality, education, social or economic background, but the most important thing to remember is that the mentally retarded ere first of all people with needs like everyone else.

By now you may be asking some questions. "Exactly what is mental retardation?" "Why is it such a problem?" What causes it?" "How many people are retarded?" "What does society do to help?" "What can I do to help?"

This booklet will try to help you answer these questions.

WHAT IS MENTAL RETARDATION?



You may have heard the term "mental deficiency" and wondered if "mental deficiency" means the same as "mental retardation." The term "mental deficiency" is used more exclusively today by some professionals to describe those individuals whose retardation is considered to be a permanent, life-time handicap. It is still a legal term and has meaning to many medical people. However, today the term "mental deficiency" is not as commonly used as it once was. The term "mental retardation" includes **any** condition of significantly be low normal intellectual functioning that prevents a person from performing up to certain critical life-adjustment standards for his particular age. Therefore, "mental retardation" has replaced "mental deficiency" in common usage.

For our purposes we will define mental retardation to include at) conditions of significantly impaired intellectual functioning, i**ncluding mental deficiency.**

Three definitions of retardation are commonly used:

> The mentally retarded are children and adults who, as a result of inadequately developed intelligence. are significantly impaired in their ability to learn and to adapt to the demands of society.
>
> (President's Panel. 1962)

> Mental retardation refers to sub-average intellectual function which originates during the developmental period and is associated with impairment in adaptive behavior.
>
> (American Association for Mental Deficiency)

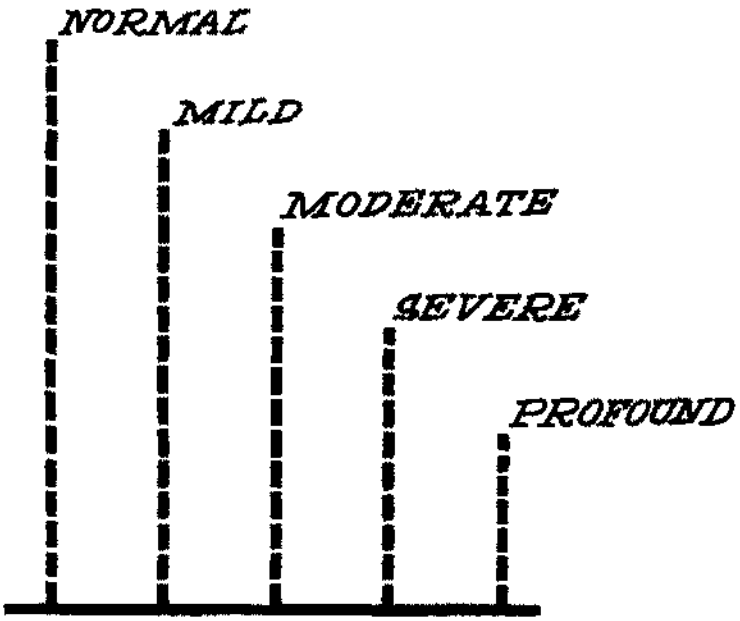
> The mentally retarded person is one who, from childhood, experiences unusual difficulty in learning and is relatively ineffective in applying whatever he has learned to the problems of ordinary living; he needs special training and guidance to make the most of his capacities, whatever they may be.
>
> [National Association for Retarded Children]

What does all this high-sounding talk mean? It means that mentally retarded persons have greater difficulty with almost everything they do than normal people have. What it means to be mentally retarded is that the process of fitting oneself into the world in ways that are pleasing and productive is confused and difficult. Sometimes very difficult. Sometimes almost impossible. Depending on the degree of his retardation, a mentally retarded person finds it difficult or almost impossible to perform tasks which we take for granted. We cannot begin to analyze the problems a mentally retarded person encounters in carrying out the complex mental acrobatics we perform everyday. The intent here is simply to make ourselves aware of some of the ways retarded persons differ from ourselves— to try to sense for a moment what they are feeling: the frustration of living in a world that is too complex for them to manage.

Perhaps in a parlor game you have competed with others in balancing a broom on your chin; but what if you had to make this kind of effort every moment of your life? How would you feel if your job depended on your mental ability to compete every day, all day, with a person like Albert Einstein 7

The complexities of the world, and the feelings of frustration which result, are part of the reality of retardation, the reality we cannot overlook in our definition of retardation as impaired intellectual functioning.

WHAT IS THE NATURE OF RETARDATION?



Mental retardation, like being near-sighted or hard-of-hear-ing, is a condition—not a disease. It should not be confused with mental illness. Mental illness affects the behavior of people, the way in which they act and feel—which is different from the way they behaved or acted or felt before they be-came ill. Mental illness appears in a breaking-down or dis-ordered function of the mind, but it is not necessarily related to intelligence. However, a person can be both mentally ill and retarded.

So mental retardation is not a disease, and it is not always obvious. It has to do with how a person's mental ability compares with everybody else's mental ability. Usually this condition is present at birth or begins during childhood. It manifests itself in poor or limited learning, inadequate social adjustment, and delayed or below normal achievement. For some the most serious aspect is the individual's inadequacy of self-controls and judgment. For some it is a condition very often concurrent with other disorders, both physical and emotional.

There are all degrees of retardation from the very mild to the very severe. There is no fully satisfactory way of characterizing the degrees of retardation. Accordinq to one classification they range from profound to mild, and are related to intelligence quotients as follows:

Degrees of Mental Retardation
Based on IQ

	Level	Intelligence Quotient
1.	Wild	50-70
2.	Moderate	35-50
3.	Severe	20-35
4.	Profound	Below 20

Some descriptions also include a classification for borderline retardates with IQs between 70 and 85,

It is generally estimated that about one person out of 30 retarded persons is either profoundly or severely retarded, and wilt need constant care or supervision all his life to survive. Jon is an example of a severely retarded person. (Under 35 IQ)

The moderately retarded, like Billy, are usually capable of developing self-care skills, and may even learn some simple trade or task which may eventually enable them to contribute to their own support in some fashion. An estimated three persons out of 30 mentally retarded are classified as moderately retarded. (35 - 50 IQ*)*

The mildly retarded, like Sown, comprise the largest group of those defined as mentally retarded. These individuals are usually not distinguishable from normal people until school age when they are often identified by their inability to learn general school subjects at the same rate as other children. Mildly retarded persons are more nearly comparable to the non-retarded—or normal person—than they are to the profoundly retarded. It is estimated that about 26 out of 30 persons defined as retarded are mildly retarded. (50 - 70 IQ)

Another way of describing the range of retardation is to use the terms "dependent or custodial," "trainable, ' or "educable."

Degrees of Mental Retardation

	Level	Intelligence Quotient
1.	Dependent or custodial	Below 25
2.	Trainable	About 25-50
3.	Educable	About 50-75

The "dependent or custodial" mental retardate's intelligence is usually less than that of the average three-year-old. Often he cannot distinguish between what is food and what is not, and may put everything he can touch into his mouth. He lacks judgment enough to know when there is danger. He may show feelings and affection and may be able to utter a few words.

The "trainable" usually knows enough to avoid the more obvious dangers. Having the mentality of a child three to eight years old. he may speak simple phrases, write his own name, and perhaps read simple words. Under supervision he may be taught to do very simple tasks.

The "educable" mental retardate's mental age is from eight years to that of near normal. Often he can be trained to do unskilled or semi-skilled work.

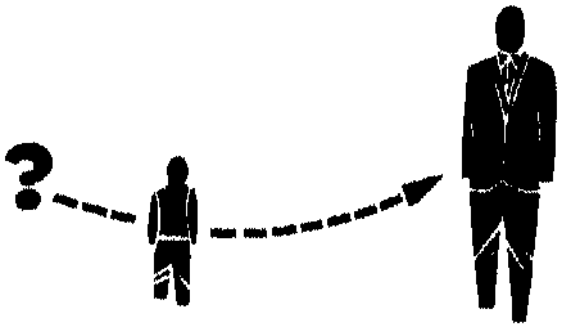
WHAT IS I.Q.?

IQ stands for "intelligence quotient" and is used to designate an individual's level of functioning at the time he is tested.

In recent years, the term "IQ" has come to hove a different meaning for different tests. The specific meaning of an IQ is thus dependent upon numerous factors including the tests from which it was derived. In all instances, however, the IQ represents a score which is purported to reflect intellectual functioning. Naturally, any factors which influence functioning at a given time (for example: state of health, attitude, motivation, etc.) will in turn affect the scores obtained on intelligence tests.

IQ measurement is not always sufficient to determine mental retardation, and it is never an absolute measurement, but it is one of the tools used in the determination.

IS MENTAL RETARDATION PERMANENT?



At present the best answer to this question is a simple yes. No way yet has been found of increasing a person's native capacity, and thus mental retardation is of a permanent nature. Therefore, in this respect there is no "cure" for retardation. However, this is not to say that mentally retarded individuals cannot be helped and cannot experience growth and development. While there may be limitations as to how for up the intellectual ladder he may be able to climb—no does have potential for growth and development within the range of his individual ability. As we pointed out earlier, there are many degrees of retardation and each retarded individual is different—in terms of what he can learn—when he is ready and capable of learning it—and how much he can learn. Each retarded Individual—just as each of us—has the right to have the opportunity of learning and developing his skills and talents—however limited these may be—to the best of his ability. It is also important to recognize that the definition and recognition of mental retardation is based on social and cultural indexes as well as intelligence tests. Therefore, a person may be defined as retarded at one point in his life, but not so defined at another point. In addition, training and developing of hi; natural abilities may bring him to normal participation in society so that he does not appear retarded.

For instance, the retarded person who has overwhelming difficulty in school may not have difficulty adjusting to a type of living situation that does not demand academic intellectual performance. This person would probably not be recognized as retarded although on an absolute scale he might be so defined.

In short, the demands of the situation, and the inter-play of ability and demand, determine to a large, degree the definition and recognition of mental retardation in an individual.

(More recently there has been considerable attention given to environmental factors—which may limit children in their early years of development, and may produce what appears to be mental retardation.

HOW IS MENTAL RETARDATION IDENTIFIED?

Although some children are born with certain physical conditions which almost always indicate that they will be mentally retarded to tome degree, most mentally retarded do not have obvious physical defects. But there are other signs.

A **retarded** person may take longer to hold things, to recognize people and common objects, to turn over, sit up, crawl, or stand, wait or **talk.** Sometimes parents do not suspect their child is retarded until the first or second grade in school.

It is not always possible to identify retarded persons solely by observation, but the following conditions may offer some clues: .

Young children:

Delayed walking-talking.

Lack of inquisitiveness and desire to investigate.

Persistence of infantile habits beyond the age when they **are** usually dropped.

Older children:

Slow progress in school not explained by other factors.

Inability to follow simple directions. Impaired judgment.

Adult*:

Failure to have made average progress while in school.

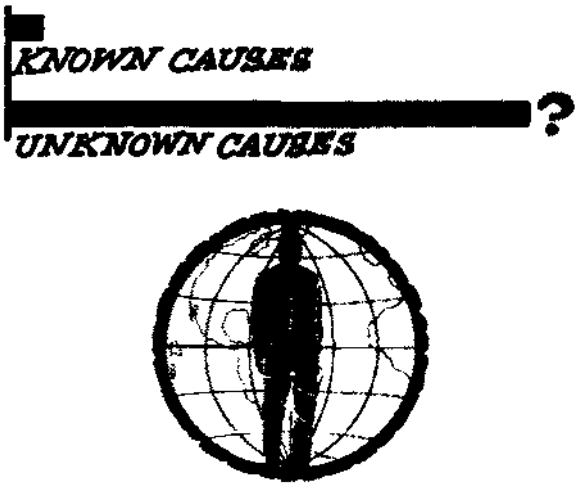
Difficulty in keeping employment.

Irresponsible, childish behavior.

Inability to comprehend ordinary conversation.

Inability to see the significance of situations.

WHAT CAUSES MENTAL RETARDATION?



Most causes of retardation are not well-known, although recent research has revealed much. It is estimated that between 75 and 90 per cent of the cases of retardation have unknown causes.

The known causes are divided into five main categories by the Notional Association for Retarded Children:

Genetic disturbance*, resulting either from damaging combinations of genes from mother and father, or from disturbances of the genes caused, for instance, by over-exposure to radiation.

Difficulties during pregnancy. Certain conditions of the mother early in pregnancy, such as German measles, may affect the development of the child so that brain cells do not develop adequately.

Stress at birth. Any unusual stress which reduces the supply of oxygen to the infant's brain during birth, or damages the brain, may impair the baby's mental development.

Conditions after birth. Childhood diseases can affect the brain, especially in the very young. Glandular imbalance may prevent normal growth, or an accident may damage brain tissue. It has also been determined that chemical imbalance in the blood may cause brain damage.

Environmental factors. Environment has been rather recently recognized as a cause of retardation. Recent research has pointed increasingly to educational deprivation and other social, cultural, and economic factors as causes of menial retardation.

The role that environment plays in the development of a retarded person has not yet been thoroughly investigated. That is, it is not known whether retardation can be **caused** by educational-cultural deprivation at critical stages in development, or whether this deprivation merely **complicates** existing physical problems. It is recognized, however, that retarded persons, like all living beings, flourish in a rich environment and flounder in a poor one.

In many ways cultural deprivation has been **indirectly** linked to retardation. For instance, statistics show that women lacking pre-natal care (before the baby is born) have a much higher likelihood of having mentally retarded children. Insufficient pre-natal care in turn is directly related to cultural and economic factors.

Perhaps all this can be said more simply.

1. The causes of most cases of mental retardation are not known.

2. The causes that are **definitely** known are primarily physi cal or biological. Certain diseases In the mother or child, difficulties at birth, severe head injuries, or certain blood dis eases or chemical imbalances may prevent full intellectual de velopment. These causes account for only a small percentage of retardates, and this percentage includes the more severely handicapped.

3. The causes that are suspected in a number of cases are related to environment as in the case of Suzan. The extraordinary amount of retardation in certain groups of deprived people in the United States suggests there may be a relationship, not yet fully delineated, between mental retardation and adverse socio-economic and cultural factors. These conditions may not only mean absence of physical necessities, but lack of opportunity and motivation—lack of "intellectual vitamins."

Maybe you learned to swim or ice skate when you were very young. Con you remember how quickly you (earned? Have you ever watched adults trying to learn to swim or ice skate? They learn very slowly—sometimes never quite master the skill.

It may be like that with some kinds of retardation. If the opportunity for certain kinds of learning does not present itself early enough in life, it may be more difficult to master the subject area later. In the intellectual area this deprivation may lead to an individual performing or functioning at a tower level.

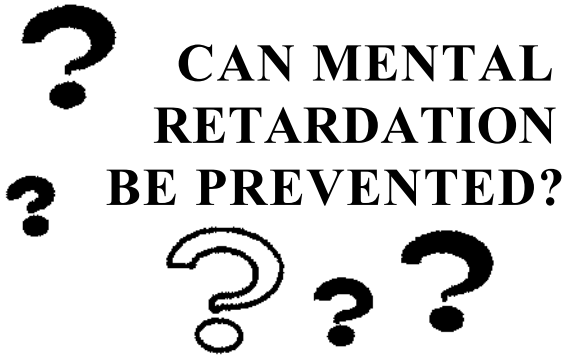
This is certainly not to say that all culturally deprived persons are mentally retarded. However, it is important at this point in the study of retardation to recognize that there may sometimes be a relationship that was formerly overlooked. This is significant because if a child seems to be functioning at a lower than expected level, end this is the result of his environment and lack of mental stimulation, he might, in former times, have been labeled as "retarded," when actually, with early and adequate help, he could achieve normal intellectual growth.

HOW MANY RETARDED PERSONS ARE THERE?

An estimated six million Americans are mentally retarded, a majority of whom are mildly retarded. Recent studies have shown that the highest incidence occurs among families who live in poverty, both in urban and rural communities with limited health care, social, and educational services.

A 1969 nation-wide survey of public facilities for mentally retarded persons indicated a resident population of over 200,000, which includes a high percentage of profoundly and severely retarded adolescents and adults.

In Minnesota, the average daily resident population of the state facilities in 1969 was over 4,800. Overall, there are an estimated 100,000 retarded persons in the state.



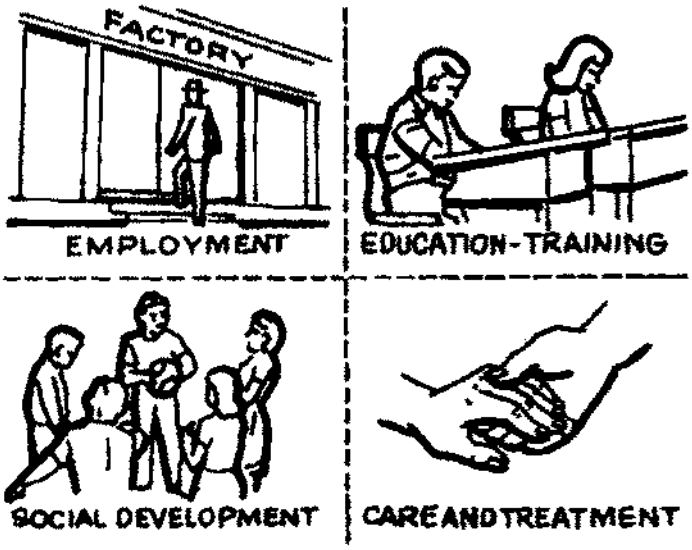
CAN MENTAL RETARDATION BE PREVENTED?

Mental retardation cannot be prevented without more complete knowledge of its many causes. At present, methods of prevention have been found for some cases. For example, special diet wilt sometimes prevent the kind of mental retardation which results from a metabolic disturbance. Surgery will often, although not always, prevent damage to the brain resulting from some kinds of pressure. Caesarian section birth lessons the hazards of too-prolonged labor.

Blood transfusions at birth arrest the danger which threatens the children of parents with incompatible blood types—the RH factor, for which all expectant mothers should be tested early in pregnancy. Caution in using x-rays on pregnant women can also prevent retardation.

In short, present knowledge indicates that adequate prenatal care for mothers and post-natal care for babies may prevent retardation in certain cases. Continued and expanded research is necessary to uncover the causes of retardation and methods of prevention.

HOW CAN MENTALLY RETARDED PERSONS BE HELPED?



By now you may be asking "Well, since the mentally retarded can be helped, how are they helped and who provides these services?"

It is hoped that the next few pages will explain a bit about programs for the mentally retarded in Minnesota. Hopefully, when you ore finished you should understand that although there is no "cure" for mental retardation, mentally retarded persons can be trained and can learn certain skills according to their ability. Many mentally retarded adults hold full-time jobs as custodians, moil clerks, factory assembly workers, arid other occupations in which they can be trained. Thus, the object of help for the retarded is the preparation of individuals for an adult role. Sometimes this adult role is in an institution, but more often it is in the community.

Also, it is hoped that when you finish these pages you will know at least a little more about the services of the region in which you live, a little about the state school and hospital in your region, about the staff and programs there, and about some ways in which you can help personally.

Let's imagine that you are a social worker for the county welfare department in a rural Minnesota area. Mr. and Mrs. Johnson are in your office talking about Mary, their daughter.

Mr. Johnson says: "We took Mary to the pediatrician in Minneapolis last week on the recommendation of our own doctor. He did some preliminary tests that show Mary is mentally retarded, but he said he will have to have further tests done at the hospital some time next week to find out how retarded she is. He told us we should look around, though, for

community facilities that might be available for Mary. Can you Kelp us? We don't even know where to start."

Mrs. Johnson says: "Mary's only four, and we want to keep her with us at home. We think that there are a lot of things Mary can do for herself, and we're willing to spend extra time teaching her, but the pediatrician explained to us that we will probably need special help with this teaching.

"What can we do? We can't afford a private tutor, and we wouldn't even begin to know what to teach Mary. Are there special nursery schools? What happens to her when she gets to school age? Or past school age. . . . ?"

Well, those facts aren't much for a social worker to go on. But with some skillful questioning and relating of facts, and with some reassuring, you may be able to give these parents the preliminary help they are looking for.

STEP 1.

The first thing you may realize is that these parents do not even know what help they are asking for; that is, for them the problem is a new one. So, just like parents with a new baby, they must be told what to expect. Your first job as a social worker, then would be to explain to them what is known about retardation.

You might review briefly with them some of the points that have been discussed in this booklet:

I. A mentally retarded person is one who, for any number of reasons, some known, many unknown, functions with impaired or incompletely developed intelligence.

2. **There are** many degrees of retardation. A retarded person may be near-normal, or semi-dependent or helpless, or any where in-between.

3. A sizable proportion of the United States population is retarded. Estimates vary from one to three per cent depending on the criteria used and the characteristics of the population segment being studied. The point is that mental retardation is a leading national problem because of its scope. A family with a mentally retarded member is not alone.

4. A retarded person is first of all a human being. Like anyone else he should be given the opportunity to develop to his maximum. This means he should be exposed to as many experiences and trained in as many skills as he can master. A family should keep these factors in mind as they plan for their member.

STEP 2.

Before you can help Mr. and Mrs. Johnson with any arrangements, it might be well to explain to them why a series of tests is desirable.

You can acquaint them with the fact that there are many factors involved in determining the capacities of a person. Special tests at the hospital conducted by neurologists, psychologists and psychiatrists, coupled with a case history compiled by a social worker, will help to show Mary's strengths as well as weaknesses, and provide some direction for future planning and possible expectations.

It may turn out that Mary's slowness in learning is being aggravated by an emotional problem that could be overcome. At any rate, the tests will provide important information about Mary so that her parents will not frustrate her by expecting more of her than she can accomplish, and on the other hand will not demand so little of her that she does not develop to her potential.

STEP 3.

But like all parents, Mr. and Mrs. Johnson will be anxious to find out something now, so that when Mary comes bock from her tests at the hospital, they will know what resources are available for her. As a social worker you've tallied to parents before, and you know what some of their questions will be—what they're trying to ask you. You will also be familiar with various types of programs, services and agencies in the community.

They won't ask the questions in outline form, but in order to answer them you will arrange them in your mind and interpret them something tike this:

Is There Help Available For My Child?

— Will we be able to keep her at home?

— What wilt happen to her when she gets to school age?

— Will she be able to hold down a job some day?

How Will We, As Parents, Bo Able To Help?

— Where can we parents go for help and advice?

— Are there organizations for parents of retarded children?

What If Mary Has To Go To An Institution?

As a social worker you have heard this cut-off sentence before, and you know what it means, because you know how hard parents find it to "send their children away." You realize that parents may hesitate to take this step. You know that their question implies:

— Where are the state facilities? How far is the nearest one from our home? Who operates them?

— If there anything done to rehabilitate residents at a hospital—what types of care, treatment, and rehabilitation programs are available?

— Who are the staff of a hospital, and what is their pro gram?

— Do persons ever leave the state hospitals?

— How much would hospitalization cost, and how would admission be arranged?

— Could we ever take her home for visits or vacations? How often could we visit Mary at the hospital?

What If Something Happens To Us. Who Would Take Care Of Mary?

Who Would We See For More Information About The Mentally Retarded And About Programs For Thorn?

These are all far-reaching and important questions. Maybe we should look at them and some others one-at-a-time and maybe in that way come up with some answers for Mary's parents.

Q. Is there help available for my child?

A. Yes, through a variety of resources such as daytime centers, special education classes in the public schools, sheltered workshops, recreational programs, etc. We need to loot at the changing needs of your child—plus available resources—to know what is the best resource at any given time.

Q. Will we be able to keep her at home?

A. The parents of mentally retarded children are encouraged to keep them home as long as possible. It is estimated that 95 percent of all mentally retarded persons live at home or in local communities. There are now a number of community programs designed to help.

HOME

DAYTIME ACTIVITY CENTER

SCHOOL

I. Daytime Activity Centers

The Minnesota Daytime Activity Centers Act defines three basic groups of mentally retarded children and adults eligible for service at state-funded centers.

Retarded persons of any age diagnosed as functioning below the level of capacity necessary for admission to public school special education classes for the trainable level retarded,

* **Pre-school age retarded children of any functional level who are too young for admission to the public school special classes for the educable or trainable retarded,**
* **Post-school age retarded persons of any functional level who have completed their education in the public school special education classes for educable or trainable children.**

in addition to services to these groups, state-supported centers also are to provide counseling services to parents or guardians of individuals attending the center program.

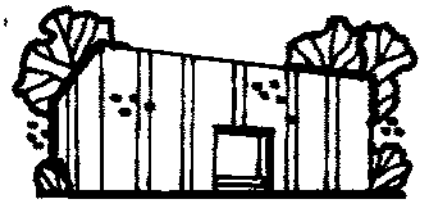
Since the law was enacted, these programs have proven their value, in terms of ethics of providing community-level services to all members of the community, regardless of their abilities. As of 1969, there are 79 state-supported centers located throughout the state, with services available to the populations of 62 counties.

Q. **What is the function of these centers?**

A, **Within the limits established by the law, each center's program is designed to meet the unique service needs of its community. Typically, the center is operated by private, non-profit organization responsible for employment of qualified staff to implement the program. Volunteers and center auxiliaries also provide valuable services.**

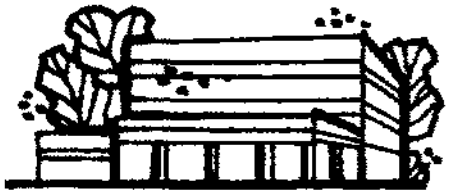
The program is designed to aid the individual in developing to the maximum extent of his ability. This is true whether the "student" is a young child being prepared for admission into a public school special education class, or the adult who has completed such a program but who is not able or ready for full participation in the life of his family and community. For this latter individual, and severely handicapped persons, the center program may continue to focus on training and a broad range of activities for en indefinite period of time. When possible and appropriate, the adult retarded person is prepared to participate in community activities at other levels, such as full or partial employment.

In addition to the direct services offered to retarded persons at the center, all programs are expected to be involved in helping parents and the community to better understand and accept mental retardation. For the family, this may mean individual assistance with adjustment to the problems presented by having a handicapped child; and for the community, a responsibility to initiate and conduct all necessary and appropriate services for mentally retarded individuals.



SHELTERED WORKSHOP

COMMUNITY MENTAL HEALTH CENTER



STATE HOSPITAL

II. Area Mental Health-Mental Retardation Programs

The 25 area programs in the state also are a resource for the families of retarded children.

Briefly, area programs are sponsored by a county or group of counties under the 1957 state law which permits the state, to offer matching financial support to program boards if certain criteria are mat.

Usually, the area board operates a mental health center which offers a variety of diagnostic, treatment, consultation, educational and referral services. The centers also may provide follow-up services to patients who have received treatment in a state facility, and to assist families of retarded -children through diagnostic examinations and counseling services. The staff usually consists of a psychiatrist, psychologist, psychiatric social worker, and other professional personnel.

The emphasis of each area program varies. Some emphasize services. Others serve the population through consultation to community agencies, inservice training for professional personnel, public information and educational programs, and community organization. Therefore, some area programs may be better equipped than others to provide services for families of retarded persons, but those which cannot provide such services are available for consultation and referral to other agencies.

III. Diagnostic Clinics

Some communities have community diagnostic clinics staffed with professional counselors, nurses, social workers, psychologists, physicians and therapists.

IV. Social and Recreational Programs

These activities—such as camping, sports, hobbies, social clubs—are available in most communities, sponsored by local chapters of the Minnesota Association for Retarded Children, Boy and Girl Scout organizations, daytime activity centers, city park and departments, church groups YWCA organizations, schools, neighborhood houses and youth centers.

V. Crippled Children Clinics

Crippled children field clinics are hold in numerous communities throughout the year to provide diagnostic and consultative services for children needing special care. When indicated, further evaluation at medical centers is provided for children under 21 with mental retardation, cardiac, cerebral palsy, cystic fibrosis, or other handicapping conditions.

VI. Special Classes—Public Schools

Q. What will happen when my child gets to school age?

A. A 1957 state law requires local school districts to furnish special education classes for school-age children legally defined as "educable." Support is also offered to districts which provide special education for the trainable students.

Many school districts with a work-study curriculum in secondary special education have employed vocational adjustment coordinators to assist young handicapped persons in gaining actual work experience in preparation for a job before leaving school. The coordinators also may arrange for additional training, and help students find employment,

VII. Vocational Training and Placement

Q. **Will she be able to hold down a job some day?**

A. That all depends on Mary's ability, growth, development, and on what she is able to get from the vocational training she receives.

It it estimated that some three-quarters of the nation's retarded population could become self-supporting if given early and appropriate training. Another 10 to 15 per cent could become partially self-supporting. Vocational services are important to the national economy, as well as to families and local communities that must support retarded individuals without skills and training.

Vocational programs for the retarded include:

Occupational information, job placement and follow-up **services** for retardates whose maturity and training enable them to hold jobs and participate in community life with a minimum of supervision.

Vocational training for retardates who require special training in order to prepare for jobs. The institutions for the retarded also offer certain types of job training, and even on-the-job training.

Sheltered workshops for the retarded who can work under sheltered conditions but cannot hold jobs in competitive employment. Goodwill Industries is an example of a sheltered workshop.

Retarded persons find employment in many situations especially as unskilled workers with large industries or government agencies. But it is not only large industries which have made it a policy to "hire the handicapped," including the retarded. Warty small businesses employ the retarded whenever possible.

HOW WILL WE, AS PARENTS, BE ABLE TO HELP?

Parents can help most of all by being informed about their child—then by treating him or her above all as a human being, but with special needs.

Q. Where can parents go for advice?

A. I) The local county welfare departments are responsible by law for the welfare of the retarded in their county. This means that county welfare departments should be a source of information for parents, as well as their contact with facilities for the retarded. Some counties even maintain home visit programs to help families in the care and training of the retarded at home.

2) Daytime activity centers are an excellent source of advice for parents. Community mental health centers may also be able to furnish counsel, or refer parents to other sources for advice.

3} The Minnesota Association for Retarded Children or its local chapters.

Q. Tell me about the Minnesota Association for Retarded Children.

A. The Minnesota Association for Retarded Children is an organization active in supporting and developing programs and services for the retarded wherever they may be. They are interested in all retarded individuals—children and adults—whether in the community or in state institutions. Local chapters include many parents of retarded persons. These local chapters can be a good source of ,"moral support" and of information.

Q. What if Mary has to go to *an* institution?

A. Families are rightfully concerned about this serious step. It is difficult whan a family must bo separated from each other, and for this reason and many others, the step of institutionalization is avoided whenever possible. But there are times and circumstances when the decision to utilize the services and facilities of an institution may represent the best decision for all concerned. There are persons who need the kind of care an institution can provide—supervision; professional nursing care; in some cases professional training and education. For the families of these persons who will need institutional care, certain information might be helpful.

Q. Where are the state facilities for retarded persons in Minnesota located?

A. The state hospitals are located at Brainerd, Cambridge (and Lake Owasso Children's Home annex) and Faribault. In addition, special programs for retarded residents are in operation at five of the state psychiatric hospitals.—Hastings (Resident Opportunity Center), Fergus Falls [Northwest and Lakeland Achievement Centers), Moose Lake, Rochester (Regional Mental Retardation Center of Southeastern Minnesota), and St. Peter (Minnesota Valley Social Adaptation Center).

Q. Does any state agency have over all responsibility for those institutions?

A. The state agency responsible for programming and for insuring the care of the mentally retarded is the state Department of Public Welfare. Part of this responsibility if carried out in the operation of the state facilities. (Part is carried out by the county welfare deportments, which are responsible for providing mental health services.)

Q. Is there anything done to rehabilitate residents of the institutions? What is the program at these facilities? What kind of staff is there to carry out the program?

A. The staff includes medical, dental, nursing, psychology, rehabilitation therapy, education, social services, volunteer service and chaplaincy specialists. Not all residents are able to benefit from all the programs and there is a need for more staff in all areas. It is important that mentally retarded persons be equipped with as many skills as possible, and that self-help and maximum development be encouraged. This training and development is carried out by a staff of professionals and nonprofessionals which include:

MEDICAL SERVICES

A staff of *doctors,* supervised by the medical director of the institution, attends to the physical needs of the patients. This supervision includes administration of drugs and necessary medical procedure and enforcement of health standards. Physicians are also important in the evaluation of patients and conduct interview sessions with patients and other staff members to determine progress.

Dental services also are provided at the hospitals. Clinic staff includes dentists and auxiliary personnel such as dental hygienists and dental assistants. They participate as members of the treatment team, as well as provide complete dental care

NURSING SERVICES

Nursing service is comprised of professional registered nurses and para-nursing personnel, including licensed practical nurses, psychiatric technicians end hospital aides. Nursing programs ore aimed at providing patients with more meaningful daily life experiences, assuring their health end well-being, and teaching the patient social skills. Nursing strives to assess the strength, the problems, and the needs of the individual patient. These assessments are utilized in developing the framework of the nursing program for the individual patient.

Using interviews and tests, psychologists participate in

PSYCHOLOGICAL SERVICES

the evaluation of each patient's functioning in the areas of intellectual ability, personality development and emotional adjustment, and social performance.

Psychologists also help to develop treatment or rehabilitative programs for Individuals or groups of patients, and may conduct individual or group therapies. They also may develop or conduct research related to better understanding and treatment in the area of mental retardation.

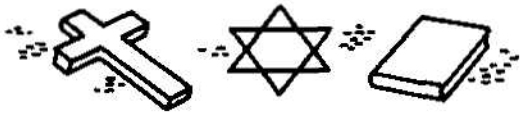
SOCIAL SERVICES

The hospital social workers are involved with patients on an individual casework basis; and in arranging admission, discharge and vacation and follow-up plans. Social workers are also involved with families. They play an important part in helping the family understand its retarded member, and in interpreting institutional policies to them. At the institutions for the retarded the social workers have weekend office hours because so many families come to visit at that time.

EDUCATION

Education is an important part of the day for patients who ore capable of learning subjects and skills that will contribute to their greater independence. Because institutionalization is recommended only when necessary, the institutions are receiving the more severely retarded patients who are most difficult to "educate" in the traditional sense of learning to read, write, do arithmetic and spell. Thus the emphasis in some of the classes may be on self-care and social skills. The above mentioned staff indicates the various kinds of professional and non-professional services available, bur many of the programs and services are limited due to staff shortages.

CHAPLAINCY SERVICES



A Chaplain serves on the staff of each institution. This chaplain, regardless of his particular denomination, is responsible for all chaplaincy services provided in the institution. He will directly serve the members of his own faith, but will see to it that other faiths are also served. Local ministers and priests from the community are invited and encouraged to provide specific religious services and programs for those patients of their particular faith.

REHABILITATION THERAPIES

This program is aimed at improving each patient's level of activity to better prepare him to live in the community and to minimize the problems of adjusting during the transition from hospital life to community living. A variety of professional staff is employed to provide those educational, vocational and therapeutic services necessary to carry out the objectives of each patient's treatment program. Physical and speech therapists help patients who have such handicaps, while music, occupational and recreational therapists work to develop a patient's interest in the world around him, and teach him how to deal with his environment. As needed, rehabilitation counselors and industrial therapists provide patients with the opportunity to develop job stills and habits through pre-work evaluation, counseling, end other vocationally-related services.

VOLUNTEERS

All state institutions hove volunteer programs and a staff volunteer services coordinator. Volunteers work throughout the institution under the supervision of professional staff. It is recognized that volunteers are important contributors to an institution's program and often to patient therapy. The number of volunteers in the state is growing as the public becomes aware that, first, volunteers are needed, and second, there is satisfaction and much to be learned from working on a regular basis in an institution for the retarded.

Volunteers serve in a variety of programs. The major emphasis has been the one-to-one program in which a volunteer assumes a personal relationship with a patient—visits him in the institution, perhaps takes him shopping or invites him to his home. This one-to-one approach is designed to provide an individual situation for the patient and an opportunity for normal community and social contact.

Volunteers also assist in hospital canteens, used clothing stores; instruct courses; assist with special events such as parties. dances, carnivals and holiday programs. In addition they provide gifts: raise funds for institutional and personal patient needs not provided for by state appropriations.

Q. Do persons ever leave institutions for the retarded?

A. The aim of institution treatment is to equip each person with skills that will enable him to meet life as he will find it. For some this may mean just malting their life in the institution as comfortable and meaningful as possible. For others it may mean educating them or training them vocationally, for many persons do leave the institutions.

Q. How much would institutional care cost, and how would it be arranged?

A. Admission to a state institution for the mentally retarded is arranged directly with the institution through the county welfare department concerned. Admissions are carefully screened, however, not only because of limited space, but to be sure that institutional placement is in the best Interests of the retarded individual and his family.

No one is denied admission because of inability to pay. A patient is charged for care if he has the means to pay. (In 1969-70. this was computed at $10.83 in the state facilities for retarded patients.) This amount is based on the average per capita cost of operating all hospitals in the previous fiscal year.

If the patient is unable to pay the full cost, the family is responsible for 10 per cent of the cost, but charges are always adjusted according to ability to pay. No relative is required to pay unless his income exceeds $4,000. (In the case of mentally retarded patients only, the relatives' obligation for payment ceases when the patient reaches 21 years of age.)

Q. Would we be able to take Mary home for vacations or visits? How often would we be able to visit her?

A. The families of persons in the institutions are encouraged to visit the institution, or to provide home visits, as often as possible.

What If Something Happens To Us. Who Would Take Care Of Mary?

Some families arrange for state guardianship of their mentolly retarded member so that if something happens so the family is unable to provide care, other provisions wilt be made. Briefly, this arrangement brings in the state as a partner with the family in planning for the retarded person. Guardianship is transacted through a probate court procedure arranged by the local county welfare department.

The guardianship step is not mandatory, and all mentally retarded persons in the state are not wards of the commissioner of public welfare. At present the state is guardian of approximately 10,000 wards, both at home and in institutions. For these individuals guardianship simply means that in emergencies, difficulties, or at the death of the parents, the state will assume a greater share or total responsibility for the retardate. While the parents live, no decision regarding the ward's welfare will be made without parental consent, except where action must be taken for the protection of the retardate or the community.

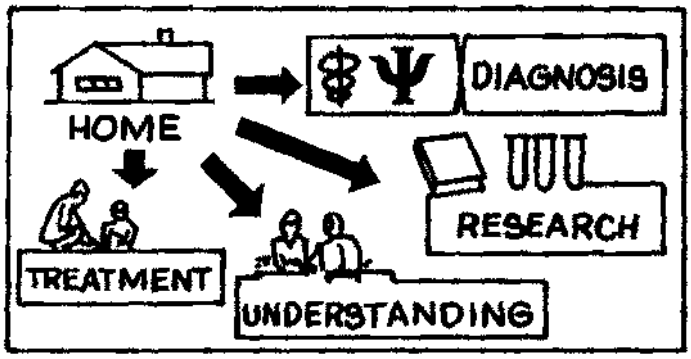
Foster home care is another answer for parents who for one reason or another cannot provide care for their mentally retarded child. Foster home care is sometimes recommended by the county welfare department in temporary emergency situations, such as illness of a parent, or as a temporary step in long-range emergency situations.

Other Sources of Information About

The 87 county welfare departments are responsible for assuring that the needs of mentally retarded persons living in the community are mat, and therefore would be the best source of information. (The offices are located in the county seats.) Other sources would include: daytime activity centers, area mental health-mental retardation programs, state hospitals, public health nursing services, private social service and counseling agencies, vocational rehabilitation offices, rehabilitation centers and sheltered workshops, private physicians, the Minnesota Association for Retarded Children and its local chapters.

These, then, are some of the questions you might be called on to answer if you were a professional giving advice to a family with a mentally retarded member. The answers given here might give you some idea of the wide range of services available for a retarded person.

HISTORY



This wide range of services has not always existed, largely because an attitude of hope about mental retardation has not always existed. Changes in society's attitudes have paralleled developing services for the retarded. In the following brief history of the program for the mentally retarded in the state you may find it interesting to notice how the changing terms for the mentally retarded accompany more and more progressive facilities and training programs.

In 1851 the mentally retarded were called "imbeciles" and the mentally ill were called "insane." It was in that year that the first territorial legislature placed responsibility for all "imbeciles" and "insane persons" on probate judges. The probate judges were "to look after their interests."

Until 1866 this "looking after their interests" usually meant that the mentally ill and retarded were sent to institutions in Iowa, as Minnesota had no mental institutions. But in 1866 a hospital was built at St. Peter, and both mentally ill and retarded were received there.

In 1877 it was recognized that some of the "feebleminded" children could profit from training, and they were transferred to the "asylum" for the deaf, dumb and blind at Faribault. Until 1879 the mentally retarded and epileptic continued to be schooled with other handicapped persons, but in that year the Faribault School for Idiots and Imbeciles (now Faribault State Hospital) was made a separate facility.

But it was four laws passed In 1917 that firmly affixed mental retardation as a welfare concern, and set the flexible framework within which future programs could be developed. Those four lows empowered a board of control—now the commissioner—to assume guardianship for the mentally retarded. The lows also placed responsibility for administration of this program on this same board of control and the county child welfare departments—now the county welfare deportments.

During the 40 years following 1917 not much major legislation directly affecting the retarded was passed. The Cambridge State Hospital was opened in 1925 to meet a rapidly growing population of mentally retarded persons. Overcrowded conditions and waiting lists were common.

In fact, conditions in the state institutions for both the mentally Ill and retarded were so deplorable that in 1947 Governor Luther Youngdahl set up a special study group to investigate methods for improving these conditions. In 1949 the Minnesota Mental Health Policy Act was passed setting up certain minimal standards of care and staffing for the state hospitals, and great improvements resulted. This is not to say ideal conditions were reached, or have been reached yet.

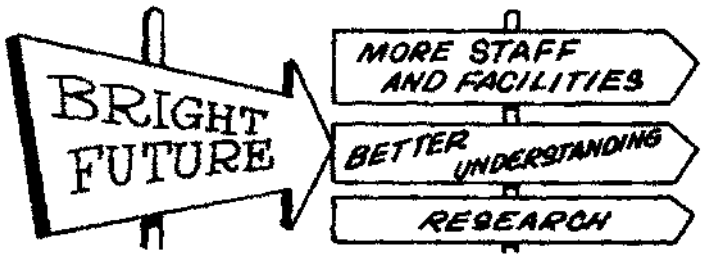
The 1953 and successive legislatures appropriated funds for construction of the newest state institution for the retarded. Brainerd was chosen as the site because of its location and accessibility to residents of northern counties. The facility was opened in 1958. Also in 1953, the legislature mode county welfare departments responsible for the aftercare of all patients discharged from the state hospitals. Further legislation enacted in 1959 made the county welfare boards responsible for all forms of public welfare programs, including the provision of mental health service.

Two significant bills were passed in 1957 and 1961. Since 1957 local school districts have been required to furnish special classes for the educable retarded. The Daytime Activity Canter* Act, which furnishes 50-50 matching funds to communities for such centers, was passed in 1961.

To alleviate overcrowding at the state facilities for mentally retarded patients, the 1967 legislature authorized transfers to the state psychiatric hospitals. Since then, special units have been opened at the Fergus Falls, Hastings, Moose Lake, Rochester and St. Peter facilities.

A major reform in the state law governing hospitalization and commitment procedures also was enacted in 1967. This progressive code protects the civil rights of patients, insures treatment and aftercare services, and streamlines admission and discharge procedures with safeguards for patients' rights.

The situation today is a long way from the situation in 1917 when a family with a mentally retarded member had essentially two choices—to keep him at home with no special professional care, or to institutionalize him. Now a variety of community services bridge the gap between these two methods of care.



A LOOK AHEAD

Recent developments reflect two trends:

1. The growth of the public interest in and concern for the mentally retarded—an interest spurred largely by volun tary organizations such as the National Association for Retarded Children, and by individual state legislators and administrators, and interested citizens.

2. The realization that retarded persons can be helped in a variety of ways outside the institution.

Because of public interest in the retarded, it is likely that increasing funds—federal, state, *and* private-—will be available for research, for institutions, and to communities to develop their own programs.

Manpower in the mental retardation fields is badly needed —physicians with an understanding of retardation, social workers, rehabilitation therapists, special education teachers, researchers, nurses, and so forth. At present many facilities and programs cannot be developed to their fullest because of staff shortages. These shortages are due in part to tact of money, and in part to lack of qualified personnel. Increasing funds may help bring additional qualified persons into these areas, and allow institutions and programs to hire more staff. Also funds are needed for the important field of research.

It is difficult to make predictions in such a rapidly changing area. But it is probably safe to say that research will uncover many more causes of retardation and methods of prevention, and that eventually only the *very* severely retarded, or the retarded with physical *or* emotional handicaps will require institution care.

Maybe you would like further information on this subject. Or maybe you are interested in exploring one of the career fields mentioned, or in becoming *a* volunteer at one of the state institutions. A bibliography of further sources is included for your convenience. School guidance counselors may have further information on careers.

APPENDIX

Daytime Activity Centers

The centers serve the counties listed below. Information about individual centers can be obtained from the local county welfare department, local offices or chapters of the Minnesota Association for Retarded Children, or the Minnesota Department of Public Welfare.

Aitkin	Fillmore	Martin	Rock
Anoka	Freeborn	Meeker	St. Louis
Becker	Grant	Mower	Scott
Beltrami	Hennepin	Murray	Sherburne
Benton	Itasca	Nicollet	Sibley
Big Stone	Isanti	Nobles	Stearns
Blue Earth	Jackson	Norman	Steele
Brown	Kanabec	Olmsted	Stevens
Carlton	Kandiyohi	Pennington	Swift
Carver	Koochiching	Pine	Washington
Chippewa	Lac qui Parle	Pipestone	Watonwan
Cottonwood	LeSueur	Polk	Wilkin
Dakota	Lincoln	Ramsey	Winona
Douglas	Lyon	Redwood	Wright
Faribault	McLeod	Ren villa	Yellow Medicine
	Marshall	Rice	

Area Mental Health-Mental Retardation Programs

Anoka County Human Resources Office
Anoka
Area served; Anoka county

Carver-Scott Mental Health-Mental Retardation Program Board
Shakopee
Area served: Carver, Scott counties

Central Minnesota Mental Health Center
St. Cloud
Area served: Benton, Sherburne. Stearns, Wright counties

Dakota County Mental Health Center Inc.
South St. Paul
Area served: Dakota county

Duluth Mental Hygiene Clinic Inc.
Duluth
Area served: Carlton, Cook, Lake, southern St. Louis counties

Five County Mental Health Center
Braham
Area served: Chisago, Isanti, Kanabec, Mille Lacs, Pine counties

Hennepin County Mental Health-Mental Retardation Program Board Minneapolis
Area served: Hennepin county

Hiawatha Valley Mental Health Center Inc.
Winona
Area served: Houston, Wabasha, Winona counties

Lakeland Mental Health Center Inc.
Fergus Falls
Area served: Becker, Clay, Douglas, Grant. Otter Tail, Pope, Stevens, Traverse, Wilkin counties

Luther W. Youngdahl Human Relations Canter Inc.
Owatonna
Area served; Dodge, Rice, Steele, Waseca counties

Minnesota Valley Mental Health Canter Inc.
Mankato
Area served; Blue Earth, LeSueur counties

Mower County Mental Health Center Inc.
Austin
Area served: Mower county

Northern Pines Mental Health Center Inc.
Little Falls
Area served: Crow Wing, Morrison, Todd, Wadena counties

Northland Area Mental Health-Mental Retardation Program
Grand Rapids
Area served: Aitkin, Itasca, Koochiching counties

Northwestern Mental Health Center Inc.
Crookston
Area served: Kittson, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake counties

Range Mental Health Center Inc.
Virginia
Area served: northern St. Louis county

St. Paul-Ramsey County Mental Health Center
St. Paul
Area served: Ramsey county

Sioux Trails Mental Health Center Inc. New Ulm
Area served: Brown, Martin, Nicollet, Sibley, Watonwan counties

Southern Minnesota Mental Health Center
Albert Lea
Area served: Faribault. Freeborn counties

Southwestern Mental Health Center Inc.
Luverne
Area served: Cottonwood, Jackson, Nobles, Pipestone, Rock counties

Upper Mississippi Mental Health Center
Bemidji
Area served: Beltrami, Cass, Clearwater. Hubbard, Lake of the Woods. Roseau counties

Washington County Mental Health-Mental Retardation Program Board
Lake Elmo
Area served: Washington county

West Central Mental Health Center Inc.
Willmar
Area served: Big Stone, Chippewa, Kandiyohi, Lac qui Parle, McLeod, Meeker, Renville, Swift counties

Western Mental Health Center Inc.
Marshall
Area served: Lincoln, Lyon, Murray, Redwood, Yellow Medicine counties

Zumbro Valley Mental Health Center
Rochester
Area served: Fillmore, Goodhue, Olmsted counties

County Welfare Departments

Aitkin County Family Service Agency
Aitkin

Anoka County Welfare Department
Anoka

Becker County Welfare Department
Detroit Lakes

Beltrami County Welfare Department
Bemidji Branch Office: Red Lake

Benton County Welfare Department
Foley

Big Stone County Welfare Department
Ortonville

Blue Earth County Welfare Department
Mankato

Brown County Welfare Department New Ulm

Carlton County Welfare Department
Carlton

Carver County Welfare Department
Chaska

Cass County Welfare Department-
Walker

Chippewa County Family Service and Welfare Department
Montevideo

Chisago County Welfare Department
Center City

Clay County Welfare Department
Moorhead

Clearwater County Social Service Department
Bag ley

Coot County Family Service and Welfare Department
Grand Marais

Cottonwood County Welfare Department
Windom

Crow Wing County Welfare Department
Brainerd

Dakota County Welfare Department
South St. Paul

Dodge County Welfare Department
Mantorville

Douglas County Welfare Department
Alexandria

Faribault County Welfare Department
Blue Earth

Fillmore County Welfare Department
Preston

Freeborn County Welfare Department
Albert Lea

Goodhue County Welfare Department
Red Wing

Grant County Welfare Department
Elbow Lake

Hennepin County Welfare Department
Minneapolis

Houston County Welfare Department
Caledonia

Hubbard County Welfare Department
Park Rapids

Isanti County Family Service
and Welfare Department
Cambridge

Itasca County Welfare Department
Grand Rapids

Jackson County Welfare Department
Jackson

Kanabec County Welfare and
Family Service Department
Mora

Kandiyohi County Family
Service Department
Willmar

Kittson County Welfare Department
Hallock

Koochiching County Welfare Department
International Falls

Lac qui Parle County Family Service
Center Madison

Late County Welfare Department
Two Harbors

Lake of the Woods County
Welfare Department
Baudette

LeSueur County Welfare Department
LeCenter

Lincoln County Welfare Department
Ivanhoe

Lyon County Welfare Department
Marshall

McLeod County Welfare Department
Glencoe

Mahnomen County Welfare Department
Mahnomen

Marshall County Welfare Department
Warren

Martin County Social Service Department
Fairmont

Meeker County Social Service Department
Litchfield

Mills Lacs County Family Service
and Welfare Department Milaca

Morrison County Welfare Department
Little Falls

Mower County Welfare Department
Austin

Murray County Welfare Department
Slayton

Nicollet County Welfare Department St.
Peter

Nobles County Family Service Agency
Worthington

Norman County Welfare Department
Ada

Olmsted County Welfare Department
Rochester

Otter Tail County Welfare Department
Fergus Falls

Pennington County Welfare Deportment
Thief River Falls

Pine County Welfare and
Family Service Department
Pine City
Branch Office: Sandstone

Pipestone County Welfare Department
Pipestone

Polk County Social Service Center
Crookston

Pope County Welfare Department
Glen wood

Ramsay County Welfare Department
St. Paul

Red Lake County Welfare Department
Red Lake Falls

Redwood County Welfare Department
Redwood Falls

Renville County Family Service
and Welfare Department
Olivia

Rice County Welfare Department
Faribault

Rock County Welfare Department
Luverne

Roseau County Social Service Center
Roseau

St. Louis County Welfare Department
Duluth
Branch Offices: Hibbing, Virginia

Scott County Welfare Department
Shakopee

Sherburne County Social Services Elk
River

Sibley County Welfare Department
Gaylord

Stearns County Social Service Center St.
Cloud

St«ele County Welfare Department
Owatonna

Stevens County Welfare and
Family Service Agency Morris

Swift County Welfare and
Family Service Agency Benson

Todd County Welfare Department Long
Prairie

Traverse County Family Service Department
Wheaton

Wabasha County Welfare Department
Wabasha

Wadena County Welfare Department
Wedena

Waseca County Welfare Department
Waseca

Washington County Welfare Department
Stillwater

Watonwan County Social Service Center
St. James

Wtlkin County Welfare Department
Breckenridge

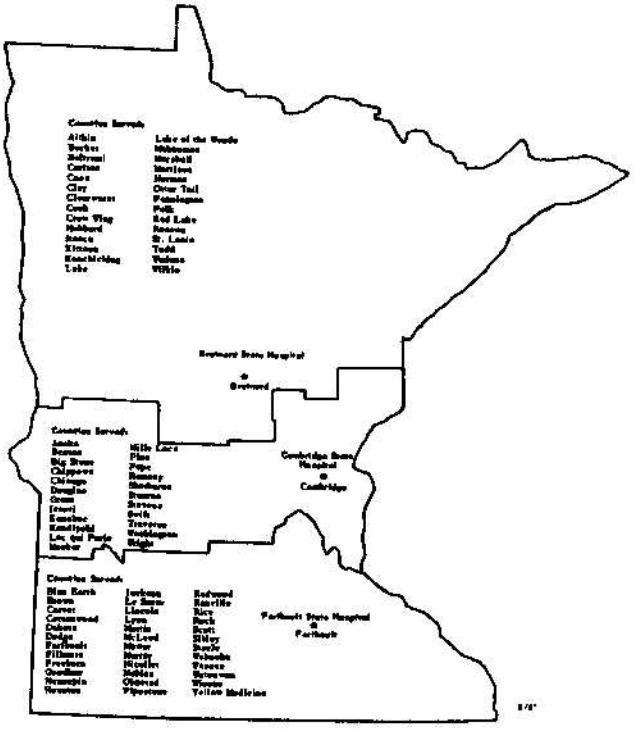
Winona County Welfare Department
Winona

Wright County Welfare Department
Buffalo

Yellow Medicine County Welfare
Department Granite Falls

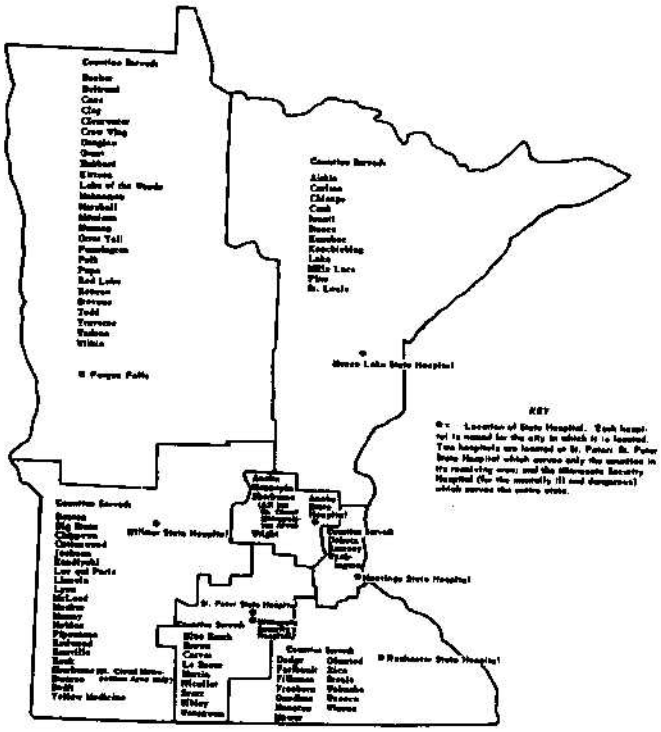
MINNESOTA'S RECEIVING AREAS

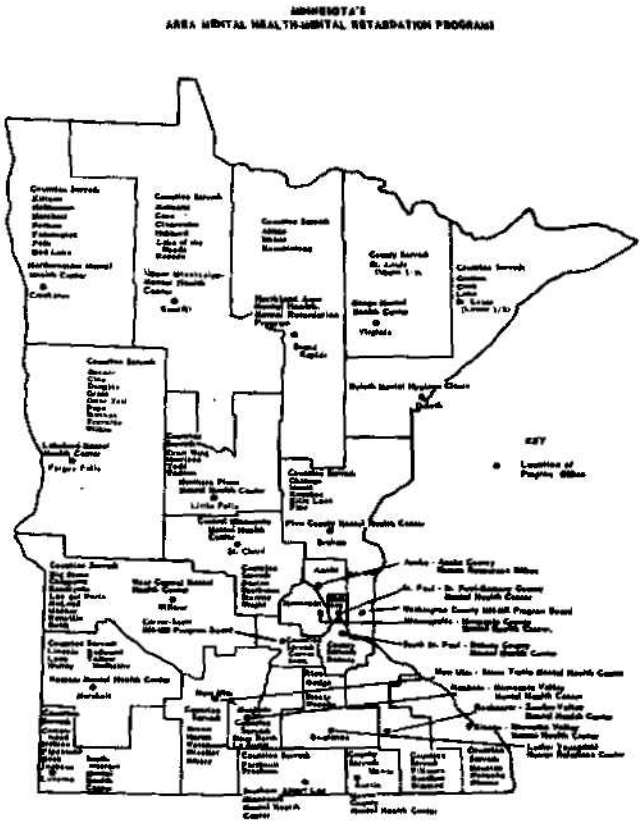
STATE HOSPITALS FOR THE MENTALLY RETARDED



MINNESOTA'S RECEIVING AREAS

HOSPITALS FOR THE MENTALLY ILL





BIBLIOGRAPHY

The following agencies and organizations can be contacted for materials concerning mental retardation, both free and with a charge, which may be of interest to parents, students, teachars. professional personnel, and the public.

State Department of Administration

You Are Not Alone. A booklet to assist parents following the diagnosis of mental retardation for their child.

Teach Me. A guide to help the parent care for and train the very slow child.

A Resource Guide for Teachers of Mentally Retarded Children.

Directory of Referral and Rehabilitation Resources in Minnesota.

Directory of Child-Caring Agencies and Institutions in Minnesota.

These booklets, listed in the **Minnesota State** Publications catalog, may be purchased from:

Documents Section

State Department of Administration

Room 140

Centennial Building

St. **Paul** 55101

State Department of Public Welfare

Resources for the Mentally Retarded in Minnesote. A directory of programs and services for mentally retarded persons offered by public, voluntary, and private agencies in Minnesota,

Minnesota's Mental Health-Mental Retardation Program: A Two-Year Review. A report to the public and legislature of developments in the state-supported program during the preceding two years. Includes Information on facilities for mentally ill and mentally retarded persons. Published by the Medical Services Division.

Minnesota's Mental Health-Mental Retardation Program in Perspective. A description of the Minnesota comprehensive, community-based mental health-mental retardation program, goals, and current developments. Gives historical background, and sets the framework for present policies and programs.

Leaflets—**There's an Important Place for You at a Volunteer in Minnesota's Mental Health Program A Rewarding Club Project—Helping Minnesota's Mentally Retarded Getting to Know Us—Tour Guide for the State Hospitals**

Maps—Minnesota's Receiving Areas/State Hospitals for the Mentally **Retarded**
Minnesota's Receiving Areas/State Hospitals for the Mentally III

Contact: Education and Manpower Development Section Medical Services Division State Department of Public Welfare Centennial Building St. Paul 55101

Other State Agencies

Child Welfare Division
Minnesota Department of Public Welfare Centennial Building St. Paul 55101

Information on children's institutions, residential facilities for the mentally retarded, and group day care facilities.

Special Education Section
Minnesota Department of Education
Centennial Building St. Paul 55101

Information on services for educable handicapped end trainable children of school age (mentally retarded and physically handicapped).

Vocational Rehabilitation Section
Minnesota Department of Education
1745 University Avenue St. Paul 55104

Information on services for physically, emotionally or mentally disabled persons of employable age: rehabilitation facilities and sheltered workshop programs.

Other Information Sources

Minnesota Association for Retarded Child ran
1911 Nicollet Avenue South Minneapolis
55403

Local Offices:

Anoka County Association for Retarded Children
1308 Coon Rapids Blvd. Coon Rapids 55433

Duluth Association for Retarded Children
208 Torrey Building 314 West Superior
Duluth 55802

Minneapolis Association for Retarded Children
6519 Nicollet Avenue South Minneapolis 55423

St. Paul Association for Retarded Children
1057 Grand Avenue St. Paul 55105

Division of Mental Retardation
Social and Rehabilitation Service
U. S. Department of Health, Education and Welfare
Arlington, Virginia 22203

National Institute of Child Health and Human Development
National Institutes of Health Bethesda, Maryland 20014

National Institute of Neurological Diseases and Stroke
National Institutes of Health Bethesda, Maryland
20014

Children's Bureau
Office of Child Development
U. S. Department of Health, Education and Welfare
Washington. D.C. 20201

Rehabilitation of Disabled
Rehabilitation Services Administration
Social and Rehabilitation Service
U. S. Department of Health, Education and Welfare
Washington, D. C. 20201

Bureau of Education for the Handicapped
Office of Education
U. S. Department of Health, Education and Welfare
Washington. D. C. 20202

Secretary's Committee on Mental Retardation
U. S. Department of Health, Education and Welfare
Washington, D.C. 20201

President's Committee on Mental Retardation
U. S. Department of Health, Education and Welfare
Washington. D. C. 20025

Joseph P. Kennedy Jr. Foundation
719- 13th Street, N.W.
Washington. D. C. 20005

The President's Committee on Employment of the
Handicapped Washington.
D.C. 20210

Public Affairs Pamphlets 381
Park Avenue South NewYork,
New York 10016

FILMS

State Department of Public Welfare

[Films may bo borrowed without charge except for return postage.)

Film Catalog

Film Library
Minnesota Department of Public Welfare
Centennial Building
St. Paul 55101

Other Sources

Audio-Visual Media and Material on Mental Retardation

National Association for **Retarded** Children
420 Lexington Avenue
New York, New York 10017

Mental Retardation Film Guide

RSA Information Service
Division of Mental Retardation
Social and Rehabilitation Service
U. S. Department of Health, Education and Welfare
Washington, D. C. 20201

Selected Mental Health Film*

National Clearinghouse for Mental Health Information
National Institute of Mental Health 5454 Wisconsin Avenue Chevy Chase, Maryland 20215

Selected Films on Child Life

Children's Bureau
Office of Child Development
U. S. Department of Health, Education and Welfare
Washington. D. C. 20201